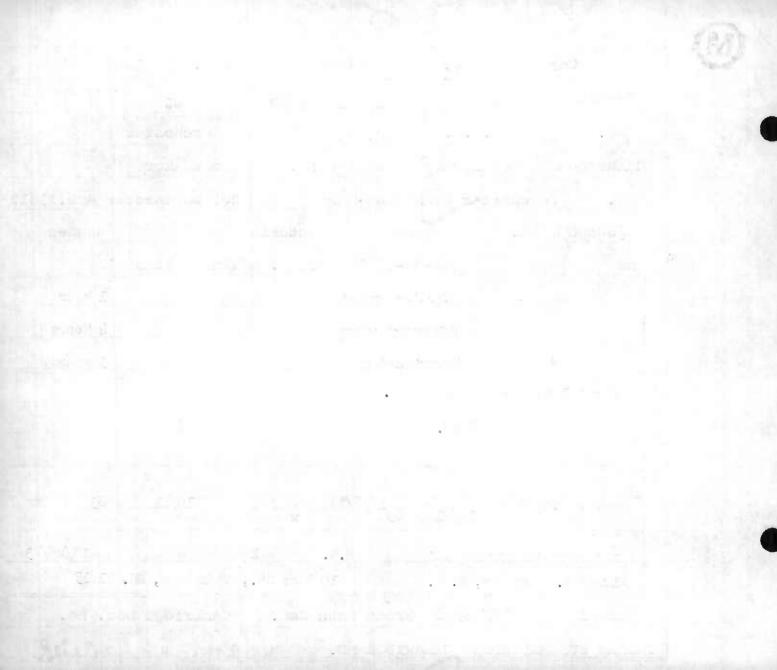
	том	問題
0	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functional associated for use as the busial-transit permit. Then please remove corbon papers. Pages A and 2 should be filled—ithor? That with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.
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DIVISION OF VITAL RECORDS, 701 W. PRESTON ST., BALTIMORE, MARYLAND 21201	dept	nove c
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	TAL C	RAL D detoc tote D
	TO HOSPITAL OR ATTENDING PHYSICIAN: The la erined by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicis should be detached for use as the burial-transit permit. Then please remove carbonapaper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.
	eto	Sho To

	1	TA 4162			TE OF MARYLAND	8 3	0 9 2	A 3
	1.	FOR Item #16b			HEALTH AND MENTAL HY	SIENE O	die / j	4
5		REGISTRAN G585		CEKII	FICATE OF DEATH	REG. N		
-		CEASED NAME FIRST	MIGOLE		111111	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
Aug.)		Pear	H.		HODOTT	10	119183	6.30 PM
	3. SE		4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR MONTHS DAYS	R IF UNGER 24 HRS
	_	Female	White	Mar		89	YRS.	
22		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	INTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
12		Maryland	USA	WIDOW	ED DIVORCED	Dorches	ter	MD.
201	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,			120. USUAL OCCUPATION OF OF WORK FOR MOST OF		OF BUSINESS OR
10	60	ambridge	Cambridge	House I	Nursing Cen	Housewi		
201	13a.	AL RESIDENCE (IF MUSING HOME OR STATE	OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION OR TOWN	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
30				ord	YES X NO	105 Jeff	erson St.	21654
520	14. E	ATHER'S NAME	WIDDIE I	AST	15. MOTHER'S MAIDEN NA	ME		12
876		James E	dward Had	ldaway	Anna		В.	assett
Jico		VAS DECEASED EVER IN U.S. AR	MED FORCES? 1612 SOCIA	AUSECUSITYONS.	17. INFORMANT	ADDRE	SS	21654
E		No	212-	16-770	G.Edward A	Abbott, Box	124,0xfo:	rd, Md.
#,		18. CAUSE OF DEATH (Enter on	ly ane cause per line far (a).	, (b), and (c).)		0.0	APPRO BETWEEN	XIMATE INTERVAL
even		PART I. DEATH WAS CAUSE IMMEDIAT	D BY: [E CAUSE (a)	(moissem'c	Shock		
ofic	7	4860	DUE TO, OR AS A COM	NSEQUENCE OF				
froum		Conditions, if ony, which	(b)		C. H. Faile	ue		
- 6		gave rise to immediate cause (a), stating the	DUE TO, OR AS A COM	NSEQUENCE OF	0 .0			
roth		underlying cause last.	(c)		Possible s	nemuoristi		
١٠٠ ١	-	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1	(a
<u>i</u>	ě	Ollanus	Brain Sy	ndlon				
500	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED S OF DEATH?
o l	E				Tax manual and	YES NO	YES 🗀	NO 🗆
8		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	1100 to 110 1100 to	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
The state of the s	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M.	19				
ō	A G	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC)	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
morked		AT WORK AT WORK						
ē.		220.1 certify that (1) (this haspi			. 19	, to		, that (I) (we) last
n 21			t) view the body after death		and that in (my) (aur) apinian	death accurred an the de		
H he		276. SIGNATURE			DEGREE	- AMEDICAL STAL		E SIGNED
		0 6	mundan		MO PHYSICIAN	MEDICAL STAI	IAN	
RIA		22d. PHYSICIAN'S NAME (TYPE O			17 Frank 1	n C+ Com	haidee Md	21612
IMPORTANT		Eyup Tanman				LII St., Can	bridge,Md	. 21013
1		BURIAL, CREMATION, REMOVAL		1	CEMETERY OR CREMATORY	23d. LOCATION		STATE
parage.		Burial	10-22-83	Oxtor	d Cemetery	Oxford	Talbot	Md.
4/82		JNERAL DIRECTOR		DORESS		T 2 / 1082	256. REGISTRAR'S SIGNA	TURE
		Newnam Funera	al Home, Ea	aston, I	Md. UU	1 4 1302	Journa Co	

3 VALENCE 2: 144 6 Targ 114 1 No. 1549 D. S. S. Al F. CO-21, FA D. Linkfull.

Van	1.	FOR - STATE REGISTRAR		DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYCRNE 3	2 7 3 o.	4 2
W		CEASED NAME FIR	nelia	W.		ins	Oct. 2		YEAR 26 HOUR
ge 4 ra	3 SE	female	1 RACE whit	е	5 DATE O		6 AGE (IN YEARS LAST BIR	MONTHS	ER LYEAR IF UNDER 24 HRS DAYS HOURS MIN.
eoth Po neral dir	9	RTHPLACE (STATE OR FOREIG	76 CITIZEN OF		MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O		EATH M
s offer d by the fu	10 ⊂	Cambridge	Dorch	ester	Genera	1 Hosp.	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) NOMEMA	F WORKING LIFE) IN	KIND OF BUSINESS OF DUSTRY
filled in rauld be	USU 13a	AL RESIDENCE (IF NURSING H STATE 136 Md. D	ome or other institution COUNTY Orcheste	130 CITY O	E BEFORE ADMISSION) R TOWN bridge	13d Inside City Limits Yes xxx no [? 13e STREET ADDRESS 207 Doro	hester	Ave.21613
ed within	14_F/	Joseph	MIDDLE	Wa	rst	15. MOTHER'S MAIDEN Victor	ia MIDDLE	F	lughes
oe execution and co		WAS DECEASED EVER IN U YES, NO OR UNKNOWN) (15 Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)		E SECURITY NO. 07-7177	A Leon M.	Adkins]	tem #13	3
rrificate by physicia on papers. emoval.	1	18 CAUSE OF DEATH (E) PART I. DEATH WAS C	nter only one cause per CAUSED BY	Caro	b, ond c	st			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH hour
the death cer the attending emave carbo emotion, ar re traumatic e	CERTIFICATION	Conditions, if ony, wh gove rise to immedia	ich (b)_	Pulmo	ISEOUENCE OF Onary ede	ma		14	hours
res that in the property or other		underlying couse la	(c)	Hype	rtension	NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN	years PART 1(a)
ING PHYSICIAN The low requires that the death certificate be executed within 24 haurs rate and physician. After this certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fill the and Mental Hygiene prior to burial, cremation, ar removal. or ked or frem 18 shows any injury, or other traumatic event, the medicologramme must be made or frem.		Generali:				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH?
SICIAN The ng physicia ng physicia certificate hund-tronsit i ental Hygie fem 18 sho		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A	OF INJURY	H DAY YEAR	21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I OF	PART 2)
offendin offendin iter this is the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT WOME C	OF INJURY TREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn co	UNTY STATE
ATTEND spital o CTOR A I far use of Heal		sow the deceased of obove, (1) (we) (did) (10/21	19 83)	to 10/	ote and hour and	
toche toche If ther		22b. SIGNATURE	nh				G MEDICAL STA		20. DATE SIGNED 10/25/83
TO HOSPITAL retained by the TO FUNERAL should be detained the store with the Store IMPORTANT:		Alfred R.	Maryanov,	M. D.			it., Cambridg	e, Md. 2]	.613
BP		BURIAL, CREMATION, REM SPECIFY) burial		5/83		EMETERY OR CREMATO	Cambrio	lge Dor	
DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR HOMAS FUNE	RAL HOME	CAM	BRIDGE		DATE REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE



20M 4/B2

TOADS SUPERVICE scotting at the contract of retex vet, 19,700m forgled formers vet, sections, somewhere, sections, somewhere, sections and sections are sections and sections and sections are sections and sections are sections and sections are sections.

BP.

FOR - STATE REGISTRAR		DEPARTMENT O	TATE OF MARYLAND OF HEALTH AND MENTAL HYO TIFICATE OF DEATH	EIEN
CEASED NAME E OR PRINT)	FIRSTMINNIE	MIDDLE FLORENCE	LAS BLOODS WORTH	20

			THE RESERVE			REG. N	0.		
1. DECEASED NAME (TYPE OR PRINT)	FIRSTMINNIE	MIDDLE FLOREN	CE LAS BLO	DODSWORT	TH 20 DA	E OF DEATH	MONTH DAY		2b HOUR
MINNIE F.	BLOODSL	DORTH				10	31	83	10:50A
3 SEX	4 RACE		5. DATE OF BIRTH	1 8 1,85	97 6. AGE	(IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
FEMALE		au.	OI	08 90	5	86	86 MOI	NIHS DAYS	HOURS MIN.
To BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED N	EVER MARRIED	9 BALT	IMORE CITY C	R COUNTY O	FDEATH	
MARYLAND	US	S.A	WIDOWED	DIVORCED	_	ORCHEST	ER CC	UNTY	MI
10 CITY OR TOWN OF DEAT		HOSPITAL, NURSIN		ER INSTITUTION	120 US	AD-PLCK	ON	12b. KIND O	F BUSINESS OF
CAMBRIDGE N			NERAL	HOSPIT	AL .	RETIRE	oyst	ers S/	HELLFIS
	G HOME OR OTHER INSTITUTION	130. CITY OR TOW		SIDE CITY LIMIT	S2 ha ST	PEET ADDRESS	rural	5	1 , 1
MD	DORCHESTER		EAD YES		Вс	EET ADDRESS		dI	611
14 FATHER'S NAME	WIDDLE	LAST	15. MC	THER'S MAIDEN	NAME	MIDDLE			
SHRIVER		CGLAUGH	LIN	MAR	Y.	*		TOD	D
160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU		ORMAN CAL		ADDRE			
no	THE TEST ONE WAR ON DATEST	212-14-1	1336 WI	s. Edith	n Jones	, Bisho	p's Hea	ad, Md	.,21611
	Enter only one couse pe	r line for (o), (b), one	d te v					BETWEEN	MATE INTERVAL
PART I. DEATH WA	S CAUSED BY: MMEDIATE CAUSE (0)	RESPIR	ATORY	FAR	URE				-1/
1419	DUE TO, O	OR AS A CONSEQUE	NCE OF						
Conditions, if ony,	which ((b)	METAS		CARL	INOMF	OF TO	DNOUE		
gove rise to imme couse (o), stoting		OR AS A CONSEQUE	NCE OF				The		100
underlying couse	lost.	CARCI	AMOU	0F 7	ONGL	JE			100
PART 2 OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT NOT RE	LATED TO THE	TERMINAL DIS	EASE OR CON	DITION GIVEN	IN PART TO	
NO L				12					
5 190 DATE OF OPERATE	ON 196 CONE	DITION FOR WHICH	OPERATION WAS	PERFORMED	20a	AUTOPSY?	20b. IF YES, V		
190 DATE OF OPERATE				. ta.	YES		YES {		NO 🗆
210. ACCIDENT WAS UNDE			Y YEAR 21c. H	OW INJURY OC	CCURRED (EN	ER NATURE OF INJUI	RY IN ITEM IB PART	I OR PART 2)	

(IF EITHER NOTIFY MEDICAL EXAMINER)

21e PLACE OF INJURY 211. LOCATION AT HOME STREET EACTORY, OFFICE, FARM ETC) CITY OR TOWN COUNTY NOI WHILE

220.1 certify that (1) this hospital) attended the deceased from 10 r(my)(our) opinion death occurred on the date and hour and from the couses stated

DEGREE ATTENDING PHYSICIAN MEDICAL STAFF

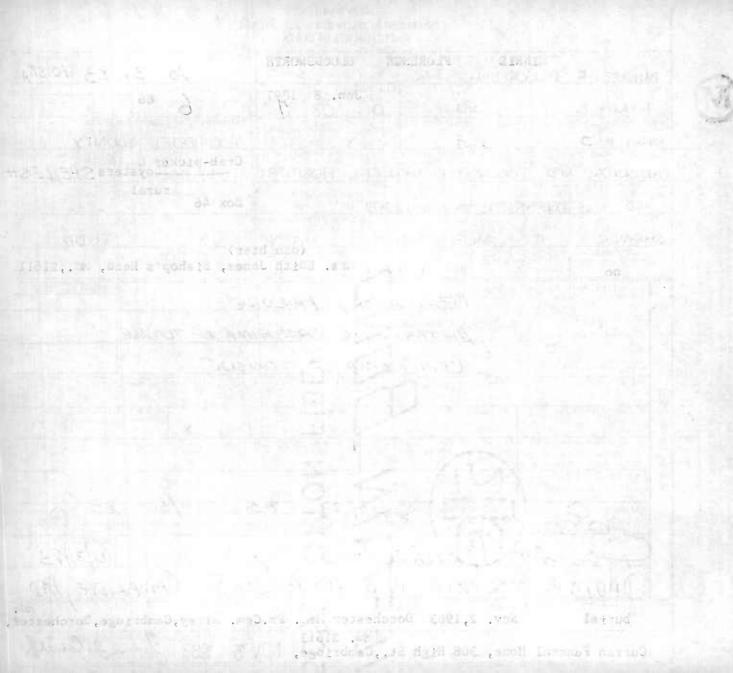
PHYSICIAN'S NAME 22e ADDRESS 23b. DATE 231. NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL Pk.Cem. Airey, Cambridge, Dorches Nov. Dorchester Mem. 2,1983 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

Md. 21613 Curran Funeral Home, 308 High St., Cambridge,

STATE



Processed a torical contract of The state of the s

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

medical begagner must beganning at once

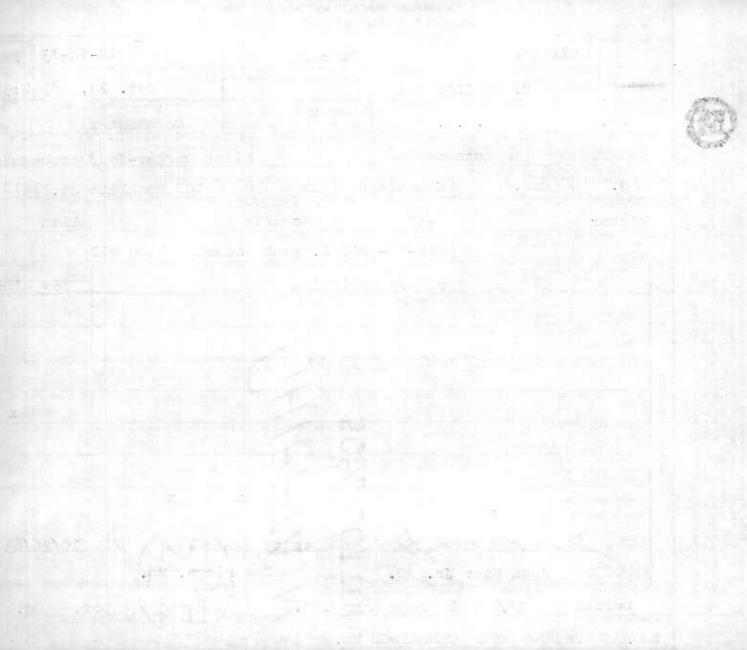
	1.	FOR - STATE REGISTRAR		DEPAR	TMENT OF HE	OF MARYLA ALTH AND M CATE OF D	MENTAL HYGI	ENE 8 3	4 4	27	3 4 7
		CEASED NAME FIRST GEORGI		RL	CREIG		SR.	20 DATE OF DEATH	D/28	183	12:50 M
	3. SE.		1 RACE CAU CA	SIAN	5. DATE OF		YEAR 9.3	AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
5		IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A		MARRIED		AARRIED	BALTIMORE CITY Dorel			MD
3	0	Cambridge	Dorch	HOSPITAL, NURS H FACILITY, GIVE STRI LESTER	General General			120 USUAL OCCUPA (TYPE OF WORK FOR MOST Waterma)	OF WORKING LIFE	E INDUSTRY	oyed
3	13a. S		OTHER INSTITUTION	GIVE RESIDENCE BEF 13c. CITY OR TO Taylor	s Is.	13d Inside Ci Yes 🗌	ио [Ж	3e. STREET ADDRESS		216	69
0		Charles	MIDDLE	Creig	hton	El	MAIDEN NAM	ch MIDDLE		Phili	lips
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? /E WAR OR DATES)	218-03		Earl		nton Jr.		ch Cre	ek Md.
	NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OI	R AS A CONSEC THROW R AS A CONSEC	BOCY-			VAL DISEASE OR COI	NDITION GIVI	3 cl	
P	CERTIFICATION	19a DATE OF OPERATION		TION FOR WHIC	CH OPERATION			20a AUTOPSY? YES NOW	IN CERTIF	, WERE FINDIN YING CAUSES	
7	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE [16 ETHER NOTIFY MEDIC AL EXAMINE 21d INJURY OCCURRED WHILE NOT WHAT AT WORK AT WORK 278 Leastify that Of Which have	ATH HOUR A. P. 21e PLACE ((AT HOME, STR	M. MONTH M. OF INJURY REET, FACTORY OFFICE	19 F PARM ETC)	211. LOCATIO STREET		D LENTER NATURE OF INJ	OWN	COUNTY	STATE
		220.1 certify that (Dhis hasp sow the dageosed live or above, (Ne) (did) did no 220 SIGNATURE 224 PHYSICIAN'S NAME (TYPE OF ACCUPANCE ACCUPANCE ACCUPANCE ACCUPANCE ACCUPANCE ACCUPANCE ACCUPANCE ACCUPANCE ACCUPANCE ACCU			83 , and	EGREE	TTENDING HYSICIAN	ath accurred on the	AFF	22c. DATE	
	(BURIAL, CREMATION, REMOVAL SPECIFY) burial	236 DATE 10/3:		NAME OF CE			234 LOCATION CITY OF TOWN Cambri	dge :	Dor.	Md.
	24. FU	THOMAS FUNE	RAL HOI	1e Cai	BRIDG	E MD.	NOV	REC'D. BY REGISTRA 8 1983		RAR'S SIGNAT	URE

and the second of the second o The same and the same of the same of the same

ı	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 3 2 7 3 4 8
(14	ECEASED NAME Delil	h W Denby	20. DATE OF DEATH MONTH DAY YEAR 126 HOUR 10 2/ 83 12 45 AM
3. 5	Female	4 RACE Negro S DATE OF BIRTH MONTH DAY 2 27 98	6. AGE (IN YEARS LAST BIRTHDAY) BYRS YRS IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
药	Donah Co	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Donah MD
3	Combridge ms	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION DUNCHES TO KEVERS! DONCHES TO KEVERS!	120 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) ROSTELLES 120 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE)
130.	Md Do	rch Combide YES INO	13e STREET ADDRESS 812 Privilet 21613
e Adm	Blijnh	AIDDLE WASTELS IS MOTHER'S MAIDEN N	MON Tickson
nedico	WAS DECEASED EVER IN U.S. ARA (YES NOOR NENOWN) (IF YES, GIVE	AED FORCES? WAR OR DATES) 16b. SOCIAL SECURITY NO. 219-14-26 81 FREE WA	ter Bro Combridge md.
event, th	PART I. DEATH WAS CAUSEL	y one couse per line for (a), (b), and (c), BY. ECAUSE (a) Metastatic Constant	APPECIALATE MILEVAL MILEVITE CHOST AND DEATH
other traumotic	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	ft Grest
njury, or	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN IN PART 1101
8 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
em 21 is mo	220.1 certify that (I) (this hospitalism of the deceased alive on office. If we indicate that not 27h SIGNATURE		n death occurred on the date and hour and from the causes stated
ANT.	THE PHYSICIAM'S NAME (TYPE DE	M.D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 226. DATE SIGNED 10-21-8-3
MPORTAN 330	BURIAL, CREMATION, REMOVAL	PO-BOX SET PO-BOX S	576 Combridge mo.
	(SPECIFY) Burial	10-24-83 Petersburg Cem	Petersburg Dor. Md.
	L. H. Boardley	812 Hubbards St. Camb., Md 007	T 2 6 1983 Solu & Could

Sold Direction and published the property of the party of . The state of the All the second of the second o

	STATE REGISTRAR		ME	DICAL EXA	MINER'S		CATE			REG. NO.		
	DECEASED NAME	Blanc	he	WIDDLE	D	odson		2	OF ES	WN X ^	10-2)4-8	PM,
3. S			5. DATE OF BIRTH	903 80	E (IN YEARS IF	JNDER 1 YR.	IF UNDE	R 24 HRS. 2	C. DATE RONOUNCED DEAD	M		EAR 2d. HOL
70.	BIRTHPLACE (STA	ATE OR	7b. CITIZEN OF WI	. A.	WIDO	RRIED NI	DIVOR	CED	Do	rches		M
5	Cambr:	idge	in auto	omobile	DRESS)	THER INSTITU	NOITU	FOR MO	ST OF WORKING	LIFE)	work 12b KIND O OR IND	USTRY
13a	STATE Md.	IF IN NURSING HOME OF DO 1	OTHER INSTITUTION, GI	13 CITY OR TO		13d. INSIDE		13e. STREI	705	Hugh]	lett St.	21613
	FATHER'S NAME Victor		MIDDLE	Bell		Re	ober	DEN NAME	MIDDLE		Alle	
160	. WAS DECEASED (YES, NO, OR UNKNOW NO	EVER IN U.S. ARM VN) (IF YES, GIVE W		213-1	2-590	J.F.		Dods		Item		IMATE INTERVAL
2	gave rise cause (a) lying caus	s, if any, which to immediate stating the <u>under-elast</u> .	DUE TO, OR	OPO DAP AS A CONSEQU AS A CONSEQU BUT NOT RELATED TO	ENCE OF			PART 1 (o).				w Min
SICATIO	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFO	RMED?	-			20. AUTO	
NOTA SERTINGALION	210 EXTERNAL UNDERLYING CONTRIBUTION		HOUR A.M	. TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19		21c. HOW INJURY OCCURRED (ENTER N			TURE OF INJURY I	N ITEM 18 PART		NO
MEDIA	21d. INJURY O WHILE AT WORK	NOT WHILE AT WORK	STREET FACT	OF INJURY (AT H TORY, FARM, ETC.)	оме, 21f.	OCATION			CITY OR TOWN		COUNTY	STATE
230	ACTUAL SIGNATURE EXAMINED'S N	NAME JO		Accident ,	Suicide Suicide	M.D. DO	TORY	MEDIC ambri	Inquiry X mined manne AL EXAMINE dge, ATION TOWN TOWN TOWN	r, R Md•	DATE SIGNED 10/	/26/83 STATE Md.





	1	FOR				DEP	ARTMENT	OF HE	ALTH A	ND MENTAL	HYGIENE	0	day	10	2	U
		STATE REGISTRAR				MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										
T		EASED NAME		FIRST		ME	DDLE		LA	ST	2	o. DATE KI	NOWN	MONIH E	AY YEAR	2b. HO
	(177)	: OR PRINT)	Jo	hn		W	esley			Dobson	334	DEATH A	AATED	10-3	- 1,83	PI
3	. SEX		4 RACE	5	DATE OF B	IRTH	6. AGE	(IN YEARS	IF UNDE	R T YR. IF UNDE		c DATE	50	MONTH I	DAY YEAR	2d HO
l		M	Neg	ro	8- 1/	1-19		YRS.	MONTHS	DAYS HOURS	MIN.	RONOUNC	Oct	. 3,	1,83	3:3
þ	a. Bl	RTHPLACE (ST	ATE OR	7	b. CITIZEN C	-		8	MADDIEC	NEVER MARI	DIED []	BALTIMO	RE CITY OF	COUNTY		PN
ľ	A	laryla:	nd			USA			VIDOWED	-	CED O	Do	rches	ster		M
ī		Y OR TOWN		TH 1	I. NAME OF	HOSPITA	AL, NURSING	HOME, C	OR OTHER	INSTITUTION		AL OCCUPA	TION (TYPE		OR INDUST	ISINESS
۱	Ge	mbrid	e e			Race	St. ()	Ressi	den	ce)2161		ost of working	VG LIFE)	1614	Reti	
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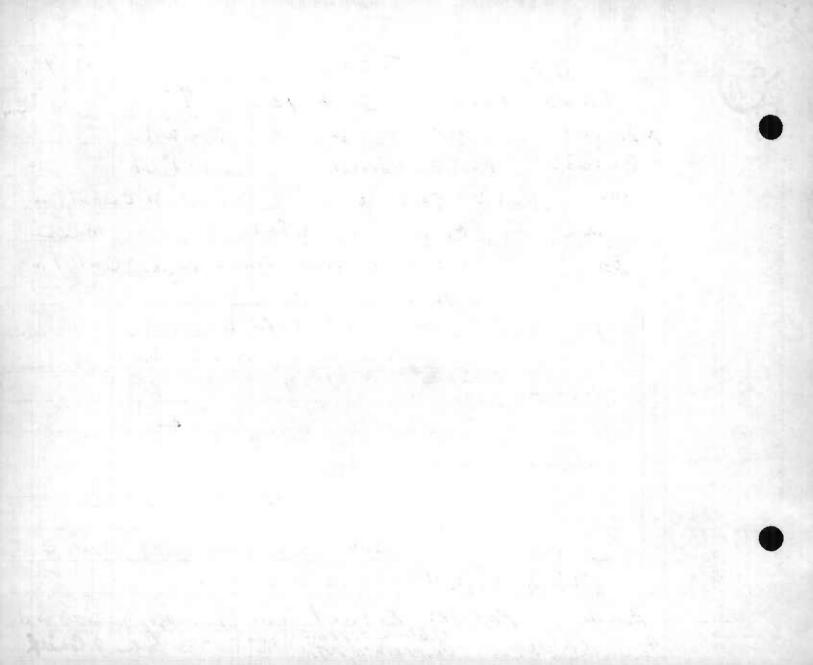
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OR ATTEN e hospital ORECTOR: ched for us Dept. of Hem Rem 21 is		220.1 certify that (1) sow the decrase above, (1) (vie) (d 22b. SIGNATURE			(Ala		DEGREE		death occurred on the c			
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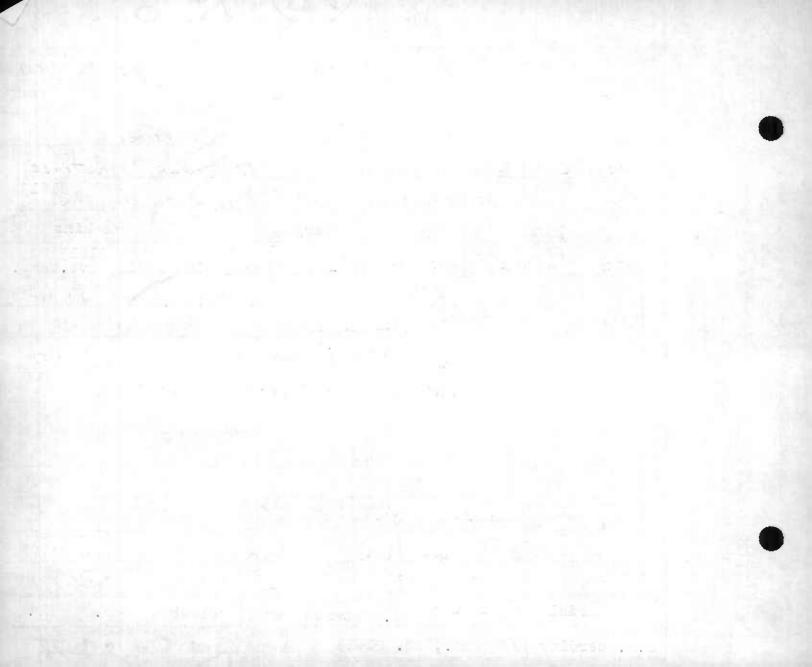
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3/	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 3 2	7 3 5 4
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MARYL ompletel	14 FA	THER'S NAME FIRST MI	DDLE Confer	0 15 MOTHER'S MAIDEN NA	MIDOLE	Macer
BALTIMORE, MARYLAND 21201 cote be executed within 24 haurs c ysicion and completely filled in by apers. Pages 1 and 2 should be file wol. it, the medical examiner must be no		VAS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE V		URITY NO. 17 INFORMANT 6 6145 Brigan Jo	haim doughter	Comba Sans
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALT NG PHYSICIAN. The low requires that the death certificate be ratending physician. After this certificate has been signed by the ottending physician as the burial-transit permit. Then please remove carbon papers than Amental Hygiene prior to burial, cremation, or removal. orked or them 18 shows any injury, an other traumatic event, the	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)				
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by the ERAL e deto		126 SIGNATURE	RINT)	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 10-3-63
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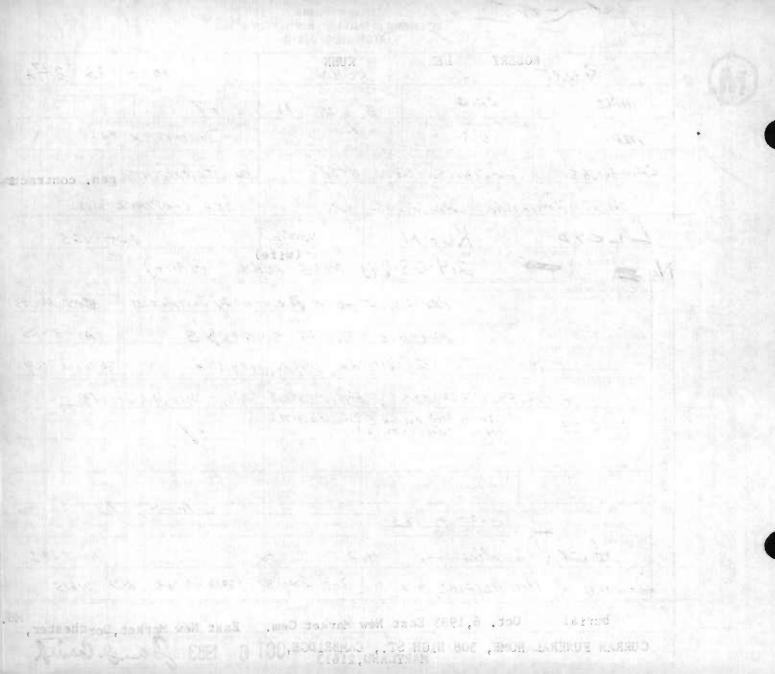
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TTENDI priol or TOR. A for use of Heol		220.1 certify that (I) (this hospital) attended the deceased from 1975, and that it (my) our) opinion death occurred on the date and	thet (1) we) last d hour and from the causes stated
HOSPITAL OR ATTENI FINERAL DIRECTOR, old be detoched for us othe Stote Dept. of Her ORTANT: If Hem 21 is		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	id/22/87
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D = 0 + ₹ ₹	23a. B	Burial CREMATION, REMOVAL 135. DATE 10-2-83 Rd. Voteran Com 136. TOCATION Md. Voteran Com	D844. Wave
DHMH - 16 60M 1/75 (VR A 15 (4))	24 FU	UNERAL DIRECTOR NAME Boardley F/H Camb., ADDRESS d. 21613 OCT 28 1983 7.	GISTRAR'S SIGNATURE



MARYLAND, 21613

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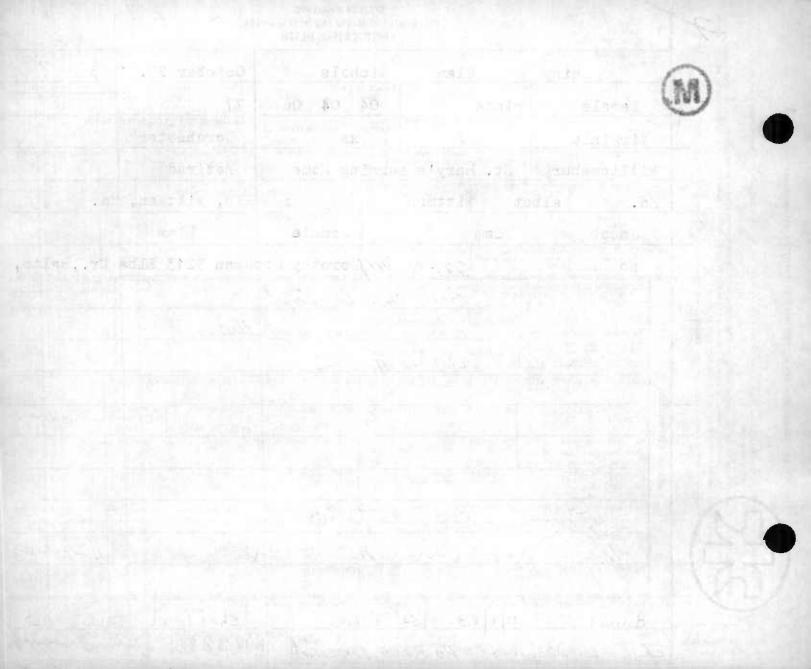


	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H IER'S CERTIFICATE O		7 3 5 8
TE EET,	DECEASED NAME (TYPE OR PRINT) SEX Female	Mary S DATE C MONTH	OF BIRTH DAY VEAR LASS 88 TO		20. DATE KNOWN DE ESTI- DEATH MATED	MONTH DAY YEAR 26 HOUR 10-14 83 25 HOUR 10-14 83 28:25
Z C	BIRTHPLACE (STATE FOREIGN COUNTRY) CITY OR TOWN OF		N OF WHAT COUNTRY? USA E OF HOSPITAL, NURSING HOM	8. MARRIED NEVER MARRI WIDOWED DIVORC	9. BALTIMORE CITY OF Dorcheste	R COUNTY OF DEATH
8E8/63	Cambridge	(IF NOT	Dorchester Gene	ral Hospital	FOR MOST OF WORKING LEEP TELIPED	OF WORK 178 KIND OF BUSINESS OR INDUSTRY
18 35 II	Maryland	13b Dorchest	er Woolford	13d. INSIDE CITY LIMITS	Deep Point Ro	ad 2/677
90 16		MIDDLE OLAS /ER IN U.S. ARMED FORC I (IF YES, GIVE WAR OR DATE	J. WOLF	15 MOTHER'S MAIDE FIRST Y NO. 17. INFORMANT	MIDDLE	ANKNER
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ION, OK KEMOVAL.	Conditions, gove rise couse (o) sto	IMMEDIATE CAUSE (off ony, which to immediate ting the under- ost.	E TO, OR AS A CONSEQUENCE E TO, OR AS A CONSEQUENCE	OF OF		APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH MINUTED INTERVAL MI
7			TO DEATH BUT NOT RELATED TO THE TERM		RT 1 (a).	20 AUTOPSY?
	19a DATE OF OP		TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PA	YES NO XX
No.	CONTRIBUTING 216 INJURY OCC WHILE AT WORK AT	IRRED 21e	PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
2 2 2 2 2 3	death resulted for		may	Autopsy , Inspection icide , Hamicide , TITLE (SPECIFY) Deputy ADDRESS.	Undetermined manner , MEDICAL EXAMINER 1dge, Maryland	DATE 10-14-83 21613
	BURIAL, CREMATION	N, REMOVAL 236. DATE	23c. NAME OF CE	METERY OR CREMATORY	123d. LOCATION CITY OR TOWN BALTO,	COUNTY STATE
24	J. G. CO	NNELLY	ADDRESS 300 M	ACE OC	T 2 0 1983	TRAPS SIGNATURE

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	ge, Maryland 21673		Mace, In. M.D.	mfeL

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND	P
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	Ě
CERTIFICATE OF BEATH	

STATE REGISTRAR CERTIFICATE OF DEATH REG NO DECEASED NAME FIRSTELT ZABETH MIDDLE DORMAN O'CONNOR 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTI ELizAbeth 16 83 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) CAU. FEMALE JAN. 17, 1917 66 To BIRTHPLACE I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DELAWARE U.S.A. DORCHESTER WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR HOMEMAKER INDUSTRY CAMBRI DGE DORCHESTER GENERAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) EXALY ROSS" NECK 13d. INSIDE CITY LIMITS? MARYLAND 13e STREET ADDRESS BOX 115-1, Rt. 3 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME JAMES CLEVELAND LULII FIRST HILLIAST DORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (husband) ADDRESS LIE YES GIVE WAR OR DATEST John J. O'Connor , same as 13e 221-03-5081 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MOIS PUCCHOWAY DUE TO, OR AS A CONSEQUENCE OF CARCING MATOSIS Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) @ Q HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE FARM ETC.) CITY OR TOWN STATE NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from... saw the deceased alive an ... and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the bady after death. 22h SUSNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME THE OFFEREN 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (SPECIFY BURIAL OCT. 18.1983 OUR LADY OF GOOD COUNSEL TYPE SECRETARY DORCHESTER MD.

DHMH - 16 50M 1/B1 (VRA 15, 4)

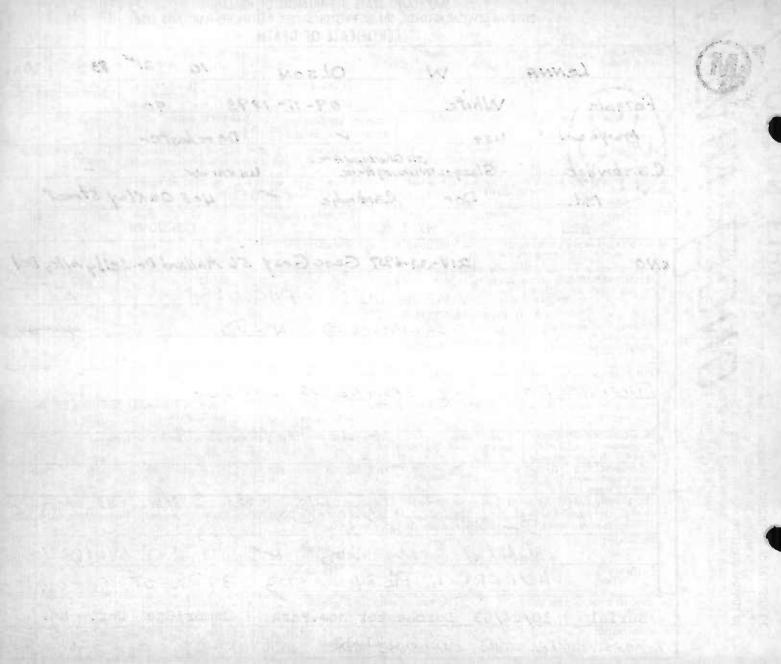
24 FUNERAL DIRECTOR

CURRAN FUNERAL HOME, 308 High St., Cambridge,



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BÜRLAL DOT. 13,1983 OJR LADY UF GOOD COUNSIL SECRETARY, DORCHESTER, ND. 21613 CURRAN FUNSRAL ROME, 308 MIST St., Cambridge, District

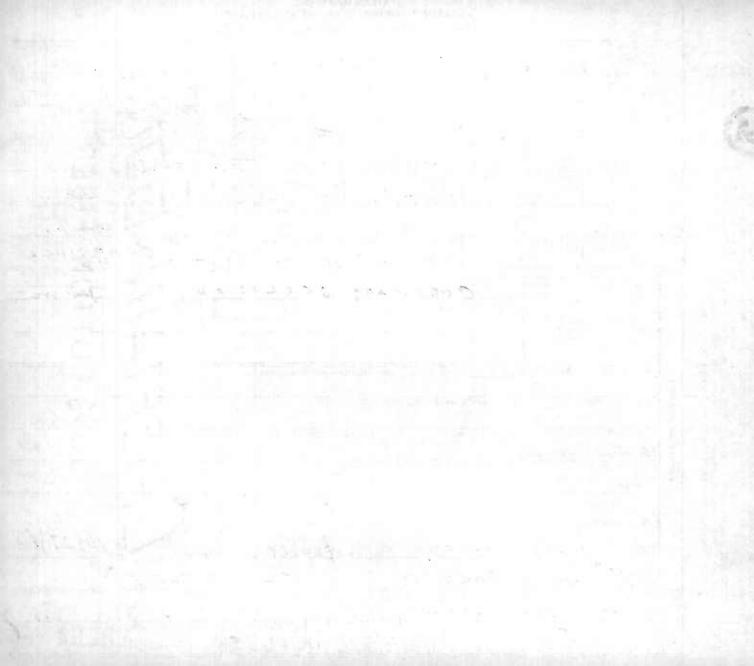


STATE OF MARYLAND

ASSESSED TO SERVICE AND ADDRESS OF THE PARTY The PAR LONG CO.

	REGISTRAR CEASED NAME	FIRST	IAIEI	MIDDLE	VEK 3 C	ERTIFICATE O		ŘEG. NO.		
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Curran Funeral Home, 308 High St., Cambridge

FOR STATE

DHMH - 16 60M 1/75

(VRA 15 (4))

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGHENE

CERTIFICATE OF DEATH

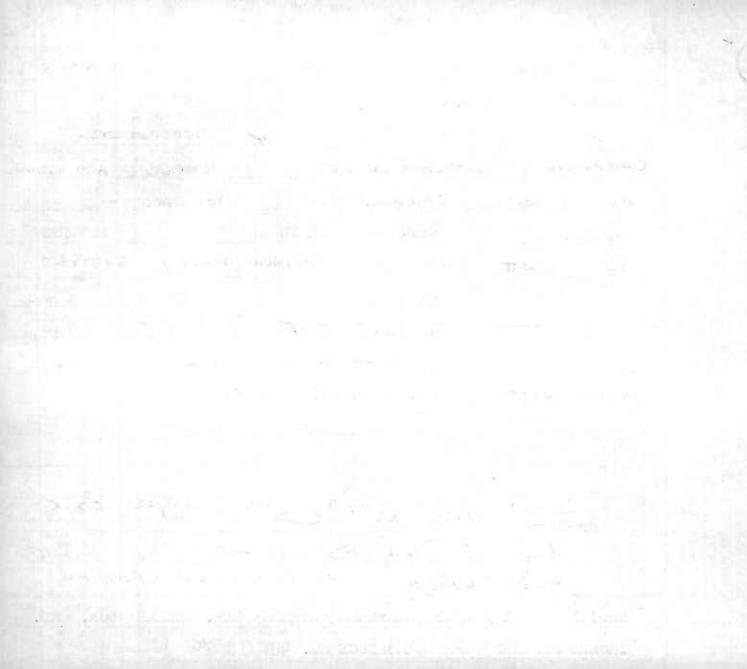
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6	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	3 6 6
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- offe	CAMBRIDGE		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126 KIND OF BUSINESS OR
AND 212		VIY 13c CITY OR TO	BRIDGE YES A NO [13e STREET ADDRESS 701 PACE	ST2/6/3
MARYL red withing ond 2 s	14 FATHER'S NAME FIRST GEORGE	MIDDLE SCA	15 MOTHER'S MAIDEN NA FIRST MAMIE	WE	MOWBRAY
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. F . 9	226. SIGNATURE HELE	fut I Da	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12 talk3
TO HOSPITAL etained by the TO FUNERAL should be det with the bed with the MANNERAL MANDERALT.	22d PHYSICIAN'S NAME (TYPE O	ERT, L.FICH	//		mB.mel -
BP	23a. Burial, Cremation, Removal (SPECIFY) burial		NAME OF CEMETERY OR CREMATORY IARYLAND VETERANS		DOR. MD.
DHMH - 16 60M 1/75	24 FUNERAL DIRECTOR THOMAS FUN	ERAL HOME CA	MBRIDGE MD. 10.V	O 3 1983	STRAR'S SIGNATURE



STATE REGISTRAR CEASED NAME FIRST Leo 4. RACE White RTHPLACE (STATE OR PREIGN COUNTRY) Md. ITY OR TOWN OF DEATH Cambridge AL RESIDENCE (IF IN NURSING HO TATE 13b. CO	n En	MIDDLE 111e 1916 6. AGE (IN YEAR 67 YRS AT COUNTRY? ITAL, NURSING HOME.	S IF UNDER 1 YR. IF U MONTHS DAYS HOL	DEATH MA NDER 24 HRS. 20 DATE PRONOUNCED DEAD 9. BALTIMORI VORCED X	Oct. 4 Corchester	19 83 1 AY YEAR 2d H 19 83 1
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Leon	Emile	Venable	Eliz	abeth Elec	en Hii	bbard
VAS DECEASED EVER IN U.S.	ARMED FORCES?		NO. 17. INFORMAN	T A		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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